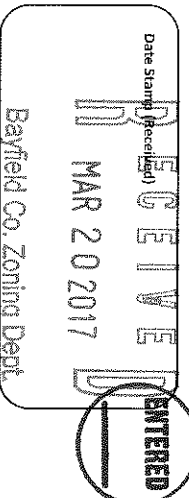


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-00254
Date:	4-3-17
Amount Paid:	\$475 3-20-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Mike &amp; Shana Glinicki</u>	Mailing Address: <u>301 South 20th St Washburn WI 54403</u>	Telephone: <u>715 298-9191</u>
Address of Property: <u>9600 Baker Bay Dr</u>	City/State/Zip: <u>Iron River WI 54847</u>	Cell Phone: <u>715</u>
Contractor: <u>N/S Construction</u>	Contractor Phone: <u>(715) 817-1350</u>	Plumber: <u>Tony Pelkoski</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Mike Furtak</u>	Agent Phone: <u>(715) 817-2034</u>	Agent Mailing Address (include City/State/Zip): <u>Iron River WI 54847</u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>19651</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>1145</u> R. <u>296</u>
Gov't Lot: <u>2</u>	CSM: <u>1316</u>	Vol & Page: <u>8, 91</u>
Lot(s): <u>2</u>	Vol & Page: <u>8, 91</u>	Lot(s) No.: <u></u>
Block(s) No.: <u></u>	Subdivision: <u></u>	Lot Size: <u></u>
Section: <u>21</u> , Township: <u>47</u> N, Range: <u>8</u> W	Town of: <u>Iron River</u>	Acres: <u>3.32</u>
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: <u>75</u> feet
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: <u>75</u> feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: <u>125,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>15-1215</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>32</u>	Width: <u>32</u>	Height: <u>24</u>
Proposed Construction:	Length: <u>32</u>	Width: <u>32</u>	Height: <u>24</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>32</u> x <u>32</u> )	<u>1,024</u>
<input checked="" type="checkbox"/> Residential Use	with Loft	( <u>32</u> x <u>32</u> )	<u>1,024</u>
	with a Porch	( <u>32</u> x <u>32</u> )	<u>236</u>
	with (2nd) Porch	( <u>32</u> x <u>32</u> )	<u>236</u>
	with a Deck	( <u>32</u> x <u>32</u> )	<u>236</u>
	with (2nd) Deck	( <u>32</u> x <u>32</u> )	<u>236</u>
<input type="checkbox"/> Commercial Use	with Attached Garage	( <u>32</u> x <u>32</u> )	<u>236</u>
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>32</u> x <u>32</u> )	<u>236</u>
	Mobile Home (manufactured date) <u></u>	( <u>32</u> x <u>32</u> )	<u>236</u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u></u>	( <u>32</u> x <u>32</u> )	<u>236</u>
	Accessory Building (specify) <u></u>	( <u>32</u> x <u>32</u> )	<u>236</u>
	Accessory Building Addition/Alteration (specify) <u></u>	( <u>32</u> x <u>32</u> )	<u>236</u>
Recorded Deed	Special Use: (explain) <u></u>	( <u>32</u> x <u>32</u> )	<u>236</u>
APR 03 2017	Conditional Use: (explain) <u></u>	( <u>32</u> x <u>32</u> )	<u>236</u>
	Other: (explain) <u></u>	( <u>32</u> x <u>32</u> )	<u>236</u>

Secretarial Staff

FAILURE TO OBTAIN A PERMIT AT STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Michael Smith (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 3-20-17

Address to send permit 66173 Iron River WI 54847

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Iron Lake Rd

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	133 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line <u>Town Rd</u>	100 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line <u>Town Rd</u>	500 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line <u>CR 100 rd</u>	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	5+ Feet	Setback to Well	10 Feet
Setback to Drain Field	13+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

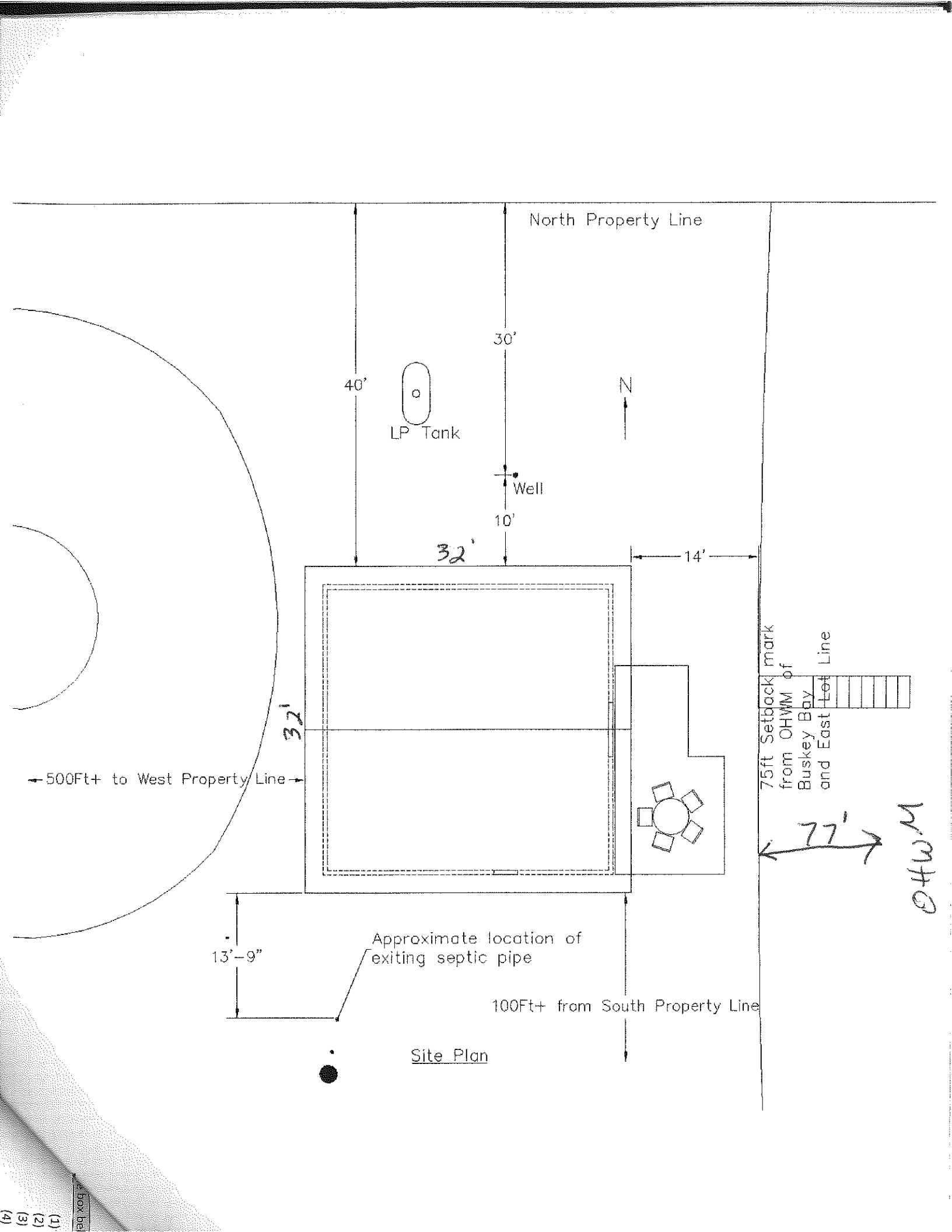
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number: <u>15-1215</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>9.8.15</u>
Permit Denied (Date):	Reason For Denial:		
Permit #: <u>17-0084</u>	Permit Date: <u>4.3.17</u>	Sanitary: <u>less than 152</u>	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Was Parcel Legally Created Was Proposed Building Site Delineated	Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.) Were Property Lines Represented by Owner Was Property Surveyed	Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>staked</u>		Zoning District (R-1) Lakes Classification (1)	
Date of Inspection: <u>4.28.17</u>	Inspected by: <u>Shannon Murphy</u>	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached)			
UNIFORM DWELLING CODE PERMIT + INSPECTIONS REQUIRED RV MUST BE REMOVED PER TOWN OF IRON RIVER CONDITION OF APPLICANT.			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>3.29.17</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



**Bayfield County  
Planning and Zoning Depart..  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

DATE RECEIVED  
MAR 24 2011

Permit #:	17-0055
Date:	4-3-17
Amount Paid:	\$753.24-17
Refund:	

Permit #:	17-0055
Date:	4-3-17
Amount Paid:	\$753.24-17
Refund:	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>25,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary    Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)    Specify Type: <u>4" x 6" x 15'-0"</u>	<del>None</del>
	<input type="checkbox"/> Relocate (ex: sing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit)    or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
<input type="checkbox"/> Commercial Use <input type="checkbox"/> Rec'd for Issuance		with Attached Garage	(      X      )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
APR 03 2017 <input type="checkbox"/> Municipal Use <input type="checkbox"/> Secretarial Staff	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(      X      )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(      X      )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Pole Building / storage</u>	( <u>32</u> X <u>45</u> )	<u>1440</u>
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(      X      )	
	<input type="checkbox"/>	Special Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Other: (explain) _____	(      X      )	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for **the purpose of inspection**.

Date 3-17-17

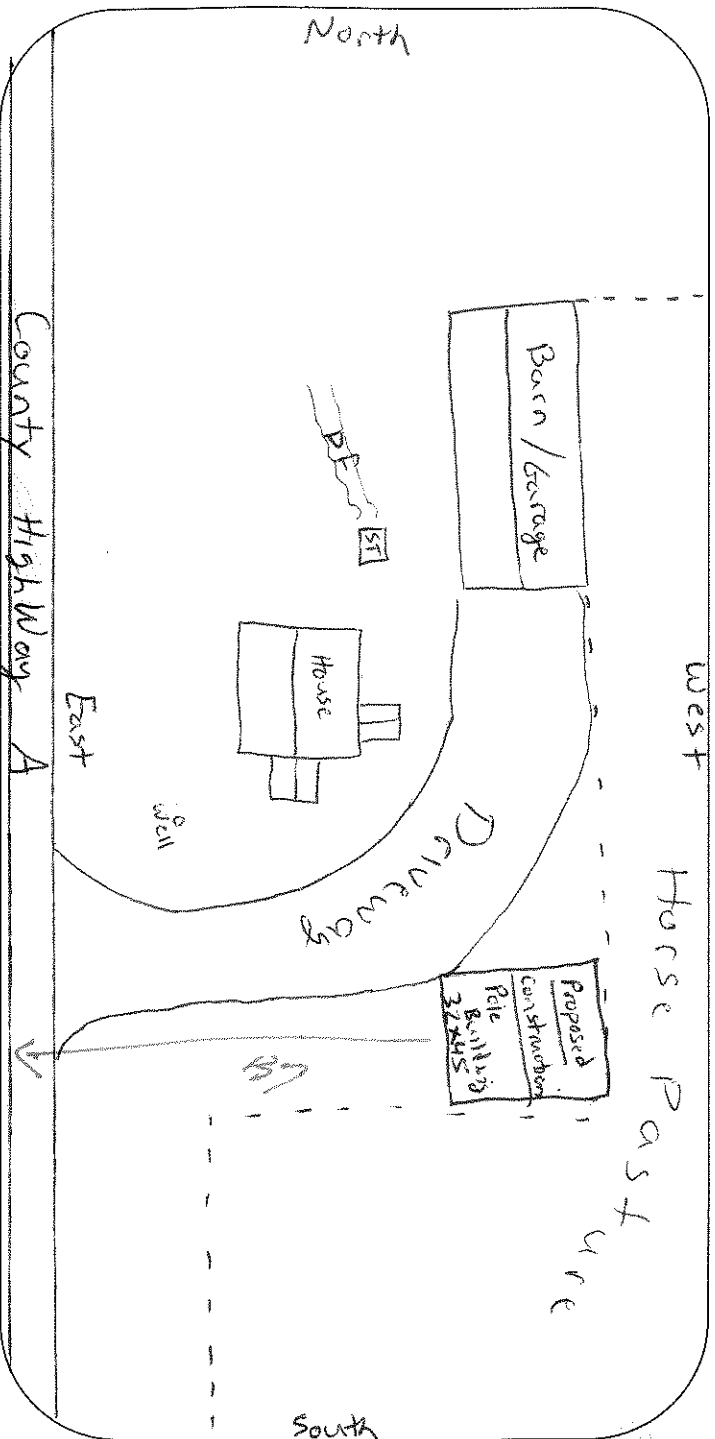
Date \_\_\_\_\_

**Attach**  
**Copy of Tax Statement**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W), (\*) Septic Tank (ST), (\*) Drain Field (DF), (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake, (\*) River, (\*) Stream/Creek, or (\*) Pond  
(7) Show any (\*): (\*) Wetlands, or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	over 100 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	over 75 Feet	Setback from the River, Stream, Creek	over 300 Feet
Setback from the North Lot Line	over 300 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	over 300 Feet
Setback from the West Lot Line	over 1000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	over 100 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	over 150 Feet	Setback to Well	over 100 Feet
Setback to Drain Field	over 150 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <b>17-0055</b>		Permit Date: <b>4-3-17</b>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Beed or Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Zoning District: <b>(R-1)</b>					
Date of Inspection: <b>3-28-17</b>		Inspected by: <b>Christina Murphy</b>		Date of Re-Inspection: <b>3-31-17</b>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Approval: <b>3-31-17</b>					
Signature of Inspector: <b>[Signature]</b>		Date of Approval: <b>3-31-17</b>					
Hold For Sanitary: <input type="checkbox"/> <b>[Signature]</b>		Hold For TBA: <input type="checkbox"/> <b>[Signature]</b>		Hold For Affidavit: <input type="checkbox"/> <b>[Signature]</b>		Hold For Fees: <input type="checkbox"/> <b>[Signature]</b>	



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:	17-00826
Date:	4-8-17
Amount Paid:	\$180 3-16-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

REC'D 3-15-17 SKM

Date Stamp (Received)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>NICHOLAS &amp; ANNA CHESMORE</b>	Mailing Address: <b>P.O. Box 81</b>	City/State/Zip: <b>IRON RIVER WI, 54847</b>	Telephone: <b>608 719 9159</b>
Address of Property: <b>LOT 7 KICKIN' BACK TRAIL</b>		City/State/Zip: <b>IRON RIVER WI, 54847</b>	Cell Phone:
Contractor: <b>SELF</b>	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION <b>1/4, 1/4</b>		Tax ID# (4-5 digits) <b>36888</b>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____
Section <b>33</b> , Township <b>47</b> , N. Range <b>08</b> W		Town of: <b>IRON RIVER</b>	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue <b>→</b>		Distance Structure is from Shoreline: _____ feet	
<input type="checkbox"/> Non-Shoreland <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <b>→</b>		Distance Structure is from Shoreline: <b>240</b> feet	
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material <b>\$ 3,060</b>	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	What Type of Sewer/Sanitary System is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None
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Existing Structure: (if permit being applied for is relevant to it)	Length: <b>16</b>	Width: <b>28</b>	Height: <b>10 ft</b>
Proposed Construction:	Length:	Width:	Height:

Proposed Use <input checked="" type="checkbox"/> Residential Use <b>Rec'd for Issuance APR 03 2017</b> <input type="checkbox"/> Commercial Use <b>Secretarial Staff</b> <input type="checkbox"/> Municipal Use	Proposed Structure <input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input checked="" type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	Dimensions <b>(16 x 23)</b>	Square Footage <b>368</b>
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FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Nicholas & Anna Chesmore**  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
(if you recently purchased the property send your Recorded Deed

- (1) Show Location of: **Proposed Construction**  
 North (N) on Plot Plan  
 (2) Show / Indicate:  
 North (N) on Plot Plan  
 (3) Show Location of (\*):  
 North (N) on Plot Plan  
 (4) Show:  
 All Existing Structures on your Property  
 (5) Show:  
 (\*) Well (W), (\*) Septic Tank (ST), (\*) Drain Field (DF), (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (6) Show any (\*):  
 (\*) Lake, (\*) River, (\*) Stream/Creek, or (\*) Pond  
 (7) Show any (\*):  
 (\*) Wetlands, or (\*) Slopes over 20%

*Question is being asked: what is being proposed for building relocation? This is used for building relocation. Confirmed relocation for building relocation.*

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	198 Feet	Setback from the Lake (ordinary high water mark)	200 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	260 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	198 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

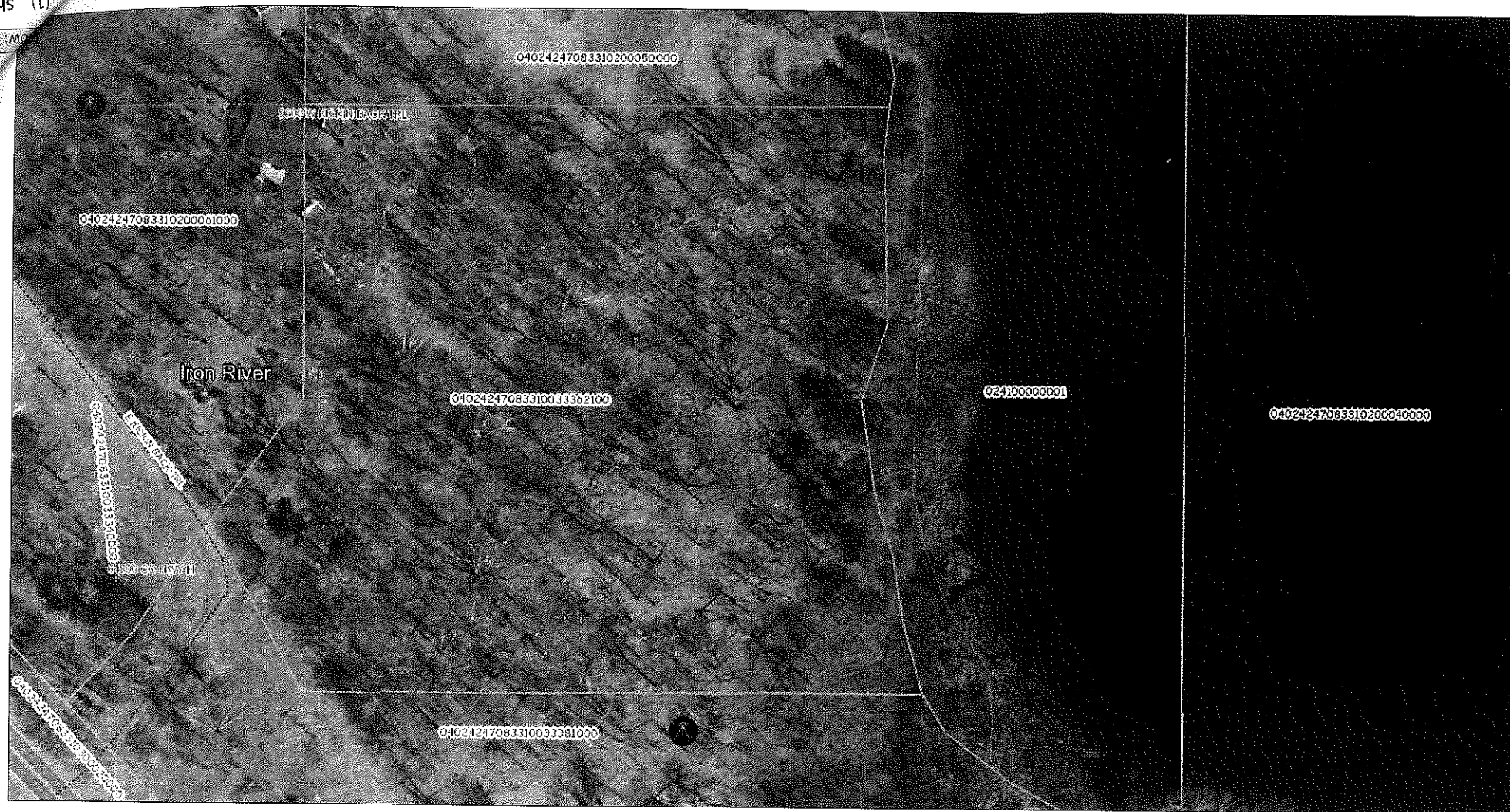
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0056		Permit Date: 4-3-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)		<input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Owners present for inspection		Zoning District: R-1		
Date of Inspection: 3-28-17		Lakes Classification: 1		
Date of Inspection: 3-28-17		Date of Re-Inspection:		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)				
Buildings shall not be used for human habitation or similar purposes. No water pressure allowed.				
Signature of Inspector:		Date of Approval: 4-3-17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

# Bayfield County Web AppBuilder



March 15, 2017

